

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

## Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name DCF		9. Position No.	10. Budget Program Number 25521	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)	
3. Division Kansas City Metro Region			12. Proposed Class Title Human Services Assistant	
4. Section Integrated Service Delivery	For  Use  By   Personnel   Office	13. Allocation		
5. Unit Low Income Energy Assistance Program (LIEAP)		14. Effective Date 01/14/13		
6. Location (address where employee works)  City Kansas City County Wyandotte		15. By	Approved	
7. (circle appropriate time) Full time X Perm. Inter. Part time Temp. X %	Personnel   Office	16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM To: 5:00 PM		17. Audit Date: By: Date: By:		

Agency  
Number

Position  
Number

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name: Title: Human Services Supervisor Position Number:

Who evaluates the work of an incumbent in this position?

Name: Title: Human Services Supervisor Position Number

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	This position exists to serve as temporary Human Services Assistant for the Low Income Energy Assistance Program (LIEAP). Incumbent will process LIEAP applications and determine eligibility, create and send letters, and use computer applications including SRS systems and MSWord and Excel. Job duties will involve customer contact via telephone in a call center environment. This is a fast paced environment.		
<u>No.</u>	<u>%</u>	<u>E or M</u>	
1	80%	E	
<b>LIEAP eligibility duties:</b> Participates in the processing of applications for the Low Income Energy Assistance Program (LIEAP). Handles high volume incoming phone calls to the processing center. Requests additional information from customers as necessary and in writing, allowing sufficient time for the customer to respond. Accesses various internal and external computer systems for the purposes of verifying income and enters data into the LIEAP computer system. Determines eligibility for the LIEAP program within established timelines based upon federal and state policies and regulations as identified in the Kansas Economic Employment Support Manual . Maintains an accurate record of case actions in the customer’s case file. Responds to customer inquiries regarding the LIEAP program.			
2	20%	E	
<b>Administrative duties:</b> Organizes active LIEAP files so that they may be referenced as needed. Alphabetizes and files completed LIEAP files in the appropriate storage areas for ease of access. Makes any necessary preparation for the following LIEAP season.			

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position involves daily contact with agency customers, agency employees, other social service agencies, community resource agencies, government officials and the general public in order to determine assistance eligibility for customers. Makes referrals to/and coordinates access to other services within the community for the customers. Daily dissemination of information regarding state and federal regulations as well as agency programs, policy, and procedures.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

This position may encounter hostile, angry or upset people when dealing with issues of eligibility for assistance. Long periods of time may be spent on a computer and various computer systems. A high level of stress may exist in the determination of eligibility due to limitations of the programs and resources to effectively resolve customers need for help. Upon occasion, physical harm may be threatened or attempted by hostile, angry or upset customers.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

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**PART III - To be completed by the department head or personnel office**

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27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

High School diploma or equivalent.

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Education or Training - Special or professional

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License, certificates and registrations

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Special knowledge, skills and abilities

Prior experience determining eligibility for the LIEAP/LIHEAP program or other DCF programs.

Prior customer service experience

Experience or education in computer software program

Bi-lingual in English and Spanish

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Experience - Length in years and kind

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date